

ADOLESCENT PREGNANCY

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SUMMARY

India is fast approaching to be the most populous country in the world. Teenage pregnancy an important factor responsible for this population crisis is hardly under control, in spite of increased literacy and legal bindings.

A retrospective case record analysis of the obstetric outcome in 347 consecutive teenage mothers was undertaken. Majority of them were primigravidae (82.2%). Antenatal care was nil or inadequate in 40.3%. There was increased incidence of anaemia (16.9%), pregnancy induced hypertension (20%), caesarean section (31%) and low birth weight (61.5%).

INTRODUCTION

Pregnancies among adolescents is on the increase both in the developed as well as in developing countries. Though Government of India, as per amendment of 1978, has fixed 18 years as minimum age for marriage in girls, the incidence of teenage pregnancy is still very high. In rural areas the incidence is as high as 21.2% (Goswami et al 1989). Teenage pregnancy is associated with increased

obstetric complications, and the obstetric outcome of teenage pregnancy is influenced by many socio-medical factors. The present study was undertaken to ascertain the different risk factors associated with teenage pregnancy.

MATERIAL AND METHODS :

This study was done in the Department of Obstetrics & Gynaecology, Kasturba Medical College, Manipal. The case records of all gravidae under 20 years of age (at the time of delivery) were analysed retrospectively for 5 year period from 1989

to 1993. Total of 347 pregnancies formed the study group. Medical, obstetric and socioeconomic aspects of these pregnant girls were studied and results were analysed.

OBSERVATIONS

During the study period a total of 6,505 women delivered out of which there were 347 cases of adolescent pregnancy (5.33%).

The majority of teenage pregnancies (94.2%) were in the age group of 17-20

years. The youngest mother was aged 14 years. Primigravidae comprised 82.2% remaining were second gravidae (17.8%). Unwed mothers constituted 3.1% of cases. 59.6% sought regular antenatal check-up while remaining 40.4% had either inadequate or nil antenatal check-up.

Antenatal complications are listed in Table - I.

Table-II shows the type of delivery conducted in the study group.

**TABLE I
ANTENATAL COMPLICATIONS**

	No.	Percentage
Abortion	21	25.00%
Anaemia	45	16.91%
Pre-eclampsia	53	20.00%
Eclampsia	07	2.64%
Breech	25	9.43%
Prom	37	13.96%
Preterm	34	12.83%

**TABLE II
TYPE OF DELIVERY**

	No.	Percentage
Spontaneous Vaginal Delivery	151	57.00%
Forceps / Vacuum	31	11.25%
Assisted Breech	02	0.75%
Caesarean Section	83	31.00%

163 patients delivered low birth weight neonates (2.5 kgs or less), and 61.9% of these women were booked and 38.1% were unbooked. There were 24 stillbirths and 7 neonatal deaths. There was one maternal mortality, the cause was post partum haemorrhage with disseminated intravascular coagulation. There were two congenital anomalous babies (0.75%), one had hydrocephalus and the other had anencephaly.

DISCUSSION

In the past, several investigators have reported an increased incidence of obstetric complications in teenage pregnancies. Toxaemia and anaemia (Goswami et al 1989, Bhalerao AR et al 1990, Ghose N et al 1976) pregnancies. Toxaemia and anaemia are shown to be increased. The results of our study are comparable with them. The incidence of caesarean section, in our study was high (31.6%), compared to other authors who quote between 13.2% (Sarkar et al 1991), 21.3%. (Goswami BK et al 1989). The higher incidence is probably because our hospital is a referral centre and also because of increased incidence of breech in our series (94.43%). The commonest indication for caesarean section was cephalopelvic disproportion (33%) followed by breech (27%).

Low birth weight constituted 62% in spite of almost two-third of patients receiving adequate antenatal care. It is still not clear whether the smallness of infants of young mothers is a result of biologic process

or of pregnant adolescents late entry into prenatal care. It is possible that the uterine vasculature is less well developed in these young women (Zlatnik F. et al 1977).

It is interesting to note that 18% of patients had previous deliveries clearly demonstrating that despite their previous deliveries, they had not benefited from any contraceptive advice.

In many parts of the developing world especially in rural areas, girls are married off shortly after puberty and sometimes even before. There is often considerable pressure on the young married women to bear a child immediately. Though raising the legal age of marriage is an essential step towards reducing early child bearing, this may have little effect unless the social and cultural factors that put such a high value on early fertility is addressed.

The obvious need of the day would be increased social awareness through entertainment media and also by sex education not only in schools and colleges but also in rural areas.

The three major complications associated with adolescent nutrition are anaemia, low birth weight infants and preeclampsia. An increased incidence of neural tube defects has been found in adolescent pregnancy (Lavery JP et al 1985). An association has been shown between the antenatal ingestion of supplemental vitamins and a decrease in the frequency of neural tube

defects. It is not surprising that adolescents do not take supplements as frequently as the average adult population. Good prenatal care can substantially reduce mortality and complication from pregnancy and childbirth. However, in the very young women even the very best prenatal care cannot affect certain physical risks of child-bearing.

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